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FORM 1		UNGANIZATION				LOIZ OLI ZO AI	111.
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1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		umple:If typing, type r the lines.	12FE4M	5	
GEORGIA (ONG	RESSIONAL C	AMPA	IGNS VICTOR	RY FUN	D FEDERAL PA	C
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ADDRESS (number a	nd street)	P. O. BOX 1	172	1111111	1111		
(Check if address is changed)		BOCA RATO	Ņ,		FL	33429	L L
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only or	ne e-mail ad	Idress) CAMPAIGNSF	FUNDP/	ACS@GMAIL.C	M (
COMMITTEE'S WEB	PAGE ADD	RESS (URL)					
(Check if is changed							<u></u> Ц
2. DATE Ö9	[*] ′ 2̂4	° ′ 2012					
3. FEC IDENTIFIC	CATION NU	IMBER C					
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)			
I certify that I have of		JAMES LIN	-	٠.	is true, correc	ct and complete.	
Signature of Treasure	er <u> </u>	James x	line	h)	_{Date} Ö§	9" ′ 24" ′ 2012	Y
NOTE: Submission of	-	ous, or incomplete informations.	•			to the penalties of 2 U.S.C. §4	37g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	